

As a below-named inventor, I hereby declare that my residence, post office address, and citizenship are as stated below next to my name and that I believe that I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention, the specification of which is attached hereto and which has the following title:

| " DECORATIUS | YRANSLUCENT | MODIN | COUERING |
|---|--|---|---|
| specifically referred to in the oath or | | disclose information | he claims, as amended by any amendme n which is material to the examination of |
| are believed to be true; and further If made are punishable by fine or impr | nat these statements were made with t | he knowledge that v ited States Code, Se | atements made on information and belief willful false statements and the like so action 1001, and that such willful false |
| Please send correspondence and ma | ike telephone calls to the First Invento | r below. | |
| | 11 × Roman | | |
| Print Name: HOMAS | HICKS | | _ Date: _ O C.T. 11, 90 |
| Legal Residence: PORTL | AND, OREGON | | Citizen of: U.S.A. |
| Post Office Address: 1795 | 7 N.W. SAGUIS | TSLAND | ROAD |
| | OR 9723 | | · |
| Telephone: (503) 62 | | | |
| Signature: Joint/Second Inventor: | | | · · · · · · · · · · · · · · · · · · · |
| Print Name: | | | _ Date: |
| | | | _ Cilizen of: |
| Post Office Address: | | | |

Telephone:

^{*} City and state, county and state or city, state and country, if foreign.